STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155587	A. Building B. Wing	12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Summerfield	34 South Main Street Cloverdale, IN 46120

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 34525 Based on record review and interview, the facility failed to ensure potential side effects of psychotropic medications (any medication that affects behavior, mood, thoughts, or perception) were monitored for 4 of 5 residents reviewed for unnecessary medications (Residents 11, 6, 17, and 21). Findings include: 1. Resident 11's record was reviewed on 12/8/21 at 9:40 a.m. The profile indicated the resident's diagnoses included, but were not limited to, Huntington's disease (a hereditary disease marked by degeneration of the brain cells and causing chorea [jerky involuntary movements affecting especially the shoulders, hips, and face] and progressive dementia), psychotic disorder with delusions due to a known physiological condition (refers to symptoms such as delusions, hallucinations, disorganized thinking and speech, and bizarre and inappropriate motor behavior), anxiety disorder (characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), depression (characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and obsessive-compulsive disorder (a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts and/or behaviors that he or she feels the urge to repeat over and over). An annual Minimum Data Set (MDS) assessment, dated 1/1/21, indicated the resident had severe cognitive deficit, exhibited verbal behavioral symptoms directed towards others and other behavioral symptoms not directed towards others, and had been administered medications which included, but were not limited to antipsychotics (a class of psychotropic medication primarily used to manage psychosis, principally in schizophrenia but also in a range of other psychotic disorders), antianxiety medication (medications used to assist in the management of anxiety symptoms), and antidepressants (used to treat major depressive disorder and some anxiety disorders). A care plan, dated 1/24/16, revised 10/1/21, indicated the resident received antidepressant medication related to her diagnoses of Huntington's disease and depression. Interventions included, but were not limited to, monitor and document side effects and effectiveness. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A care plan, dated 10/16/17 and revised on 10/1/21, indicated the resident received antipsychotic medications related to her diagnoses of Huntington's disease and psychosis. Interventions included, but were not limited to, monitor for signs and symptoms of adverse effects from psychotropic medication usage. A care plan, dated 10/16/17 and revised on 10/1/21, indicated the resident received antianxiety medications related to her diagnoses of Huntington's disease and psychosis. Interventions included, but were not limited to, monitor for signs and symptoms of adverse effects from psychotropic medication usage. A current physician's order, dated 4/30/19, indicated fluoxetine hydrochloride (an antidepressant medication), give 60 milligrams (mg) by mouth, one time a day for depression. A current physician's order, dated 9/10/20, indicated Haloperidol (Haldol) tablet (an antipsychotic medication) 5 mg, give 1 tablet by mouth, three times a day for psychosis. A current physician's order dated 1/21/21, indicated monitor for adverse reactions for medications Haldol, Prozac, and diazepam, every day and evening shift. If noted notify physician. A current physician's order, dated 9/14/21, indicated diazepam tablet (an antianxiety medication) 10 mg, give 1 tablet by mouth, three times a day for anxiety. The July 2021 MAR indicated a physician's order for diazepam differed from the current order above. The order for July 2021 was diazepam 10 mg, give one-half tablet, by mouth, in the afternoon for anxiety disorder. The orders for the resident's antipsychotic, antidepressant medications and monitoring remained as above. The July 2021, Treatment Administration Record (TAR) lacked documentation that the side effects had been monitored on the day shift on, 7/17/21, 7/22/21, 7/23/21, 7/27/21, 7/28/21, and 7/29/21. The August 2021 MAR indicated a physician's order for diazepam differed from the current order above. The order for August 2021 was diazepam 10 mg, give one-half tablet, by mouth, in the afternoon for anxiety disorder. The orders for the resident's antipsychotic, antidepressant medications and monitoring remained as above. The August 2021, TAR lacked documentation that the side effects had been monitored on the day shift on, 8/3/21, 8/7/21, 8/8/21, 8/12/21, 8/13/21, 8/21/21, 8/25/21, 8/27/21, 8/28/21, and 8/29/21. The September 2021 MAR indicated the diazepam order differed from the current order above, until 9/14/.21 when the current order was written. The order, active until 9/14/21, was diazepam 10 mg, give one-half tablet, by mouth, in the afternoon for anxiety disorder. On 9/14/21, the current order was written for diazepam 10 mg, give 1 tablet, by mouth, three times a day for anxiety. The orders for the resident's antipsychotic, antidepressant medications and monitoring remained as above. The September 2021 TAR lacked documentation that the side effects had been monitored on the day shift on, 9/11/21, 9/12/21, 9/16/21, 9/23/21, 9/24/21, 9/25/21, 9/28/21, and on the evening shift of 9/3/21. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The October 2021 TAR lacked documentation that the side effects had been monitored on the days shift on, 10/2/21, 10/3/21, 10/6/21, 10/11/21, 10/12/21, 10/18/21, 10/23/21, 10/24/21, 10/27/21, 10/28/21, and on the evening shift on, 10/14/21 and 10/23/21. The November 2021 TAR lacked documentation that the side effects had been monitored on the day shift on, 11/6/21, 11/8/21, 11/11/21, 11/13/21, 11/14/21, 11/17/21, 11/18/21, 11/24/21, 11/27/21, 11/28/21, and on the evening shift on 11/30/21. The December 2021 TAR lacked documentation that the side effects had been monitored on the days shift on, 12/4/21 and 12/5/21. 34129 2. Resident 6's medical record was reviewed on 12/9/21 at 11:01 a.m. Diagnoses included but were not limited to, Huntington's disease (a hereditary disease marked by degeneration of the brain cells and causing chorea [jerky involuntary movements affecting especially the shoulders, hips, and face] and progressive dementia), anxiety disorder (characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and depression (characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life). A quarterly Minimum Data Set (MDS) assessment, dated 9/10/21, indicated Resident 6 was moderately impaired, exhibited inattention behaviors of difficulty focusing attention or difficulty keeping track of what was being said, and had been administered medications which included, but were not limited to antipsychotics (a class of psychotropic medication primarily used to manage psychosis, principally in schizophrenia but also in a range of other psychotic disorders), antianxiety medication (medications used to assist in the management of anxiety symptoms), and antidepressants (used to treat depression). A care plan, dated 1/24/16, revised 10/1/21, indicated the resident received antidepressant medication related to her diagnoses of Huntington's disease and depression. Interventions included, but were not limited to, monitor and document side effects and effectiveness of medication. A care plan, initiated on 1/17/18 and revised on 9/15/21, indicated the resident received psychotropic medications related to behavior management, Huntington's psychosis, and Huntington's disease process. Interventions included, but were not limited to, monitor, record, report to medical doctor side effects and adverse reactions of psychoactive medications of unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. A care plan, initiated on 6/18/18 and revised on 9/15/21, indicated the resident received antianxiety medications related to her diagnosis of anxiety disorder. Interventions included, but were not limited to, monitor and document signs and symptoms of adverse effects from antianxiety medication usage. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A current physician's order, dated 11/23/21, indicated Olanzapine tablet (an antipsychotic medication) 10 milligram (mg), give 1 tablet by mouth three times a day for agitation. A current physician's order, dated 8/6/19, indicated Valproic Acid Capsule 250 mg (medication used to treat mental/mood conditions), give three capsules by mouth two times a day for Huntington's disease. A current physician's order, dated 8/9/21, indicated Tetrabenazine tablet (movement disorder drug therapy) give 25 mg in the evening for Huntington chorea. A current physician's order, dated 3/6/20, indicated Sertraline (brand name Zoloft) (an antidepressant medication) tablet 100 mg, give two tablets in the evening for depression. A current physician's order, dated 7/29/20, indicated diazepam tablet 5 mg, give 1 tablet three times a day for anxiety. A current physician's order dated 6/12/20, indicated monitor for adverse reactions for medications Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam, every day and evening shift. If noted notify physician. The July 2021 treatment administration record (TAR) lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 7/12/21, 7/15/21, 7/22/21, 7/23/21, 7/27/21, 7/28/21, 7/29/21 and the evening shift on 7/31/21. The August 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 8/3/21, 8/7/21, 8/8/21, 8/12/21, 8/13/21, 8/16/21, 8/21/21, 8/25/21, 8/27/21, 8/28/21, and 8/29/21. The September 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 9/11/21, 9/12/21, 9/16/21, 9/23/21, 9/24/21, 9/25/21, 9/28/21, and on the evening shift on 9/3/21. The October 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 10/2/21, 10/3/21, 10/6/21, 10/11/21, 10/12/21, 10/18/21, 10/23/21, 10/24/21, 10/27/21, 10/28/21, and the evening shift on, 10/14/21 10/16/21, and 10/23/21. The November 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 11/6/21, 11/8/21, 11/13/21, 11/14/21, 11/17/21, 11/18/21, 11/24/21, 11/27/21, 11/28/21, and the evening shift on 11/30/21. The December 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on 12/4/21 and 12/5/21. 38847 (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Resident 21's record was reviewed on 12/8/21 at 9:40 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 12/2/21, indicated the resident was cognitively intact and received antipsychotic (primarily used to manage psychosis, principally in schizophrenia but also in a range of other psychotic disorders), antianxiety, and antidepressant medication during the assessment period. Diagnoses on the resident's profile included, but were not limited to, Huntington's disease (an inherited condition in which nerve cells in the brain break down over time), anxiety disorder, major depressive disorder recurrent, and unspecified psychosis not due to a substance or known physiological condition. A care plan, initiated 8/1/17, indicated the resident used psychotropic medication related to Huntington's disease, delusions, anxiety, and depression. Interventions included, but were not limited to, monitor for and document side effects. A care plan, initiated 7/26/18, indicated the resident used antianxiety medications related to anxiety disorder. Interventions included, but were not limited to, monitor for and document side effects. A physician's order, dated 8/15/20 and discontinued 6/22/21, indicated buspirone (an antianxiety medication) 2.5 milligrams (mg) by mouth in the afternoon related to anxiety. A physician's order, dated 6/22/21 and discontinued 8/24/21, indicated buspirone 5 mg by mouth three times daily for anxiety. A physician's order, dated 3/23/21 and discontinued 8/10/21, indicated Depakote (a mood stabilizer) sprinkles capsule 125 mg by mouth twice daily for Huntington's disease. A physician's order, dated 4/27/21, indicated Zoloft (an antidepressant) 50 mg by mouth in the morning for anxiety and depression. A care plan, initiated 4/27/21, indicated the resident used antidepressant medication related to depression. Interventions included, but were not limited to, monitor for and document side effects. A treatment administration record (TAR), dated June 2021, indicated the resident received Buspar (buspirone) and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Zoloft. A TAR, dated July 2021, indicated the resident received Buspar (buspirone) and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Zoloft. The TAR lacked documentation adverse reactions were monitored on day shift on 7/12/21, day shift 7/15/21, day shift 7/17/21, day shift 7/22/21, day shift 7/23/21, day shift 7/27/21, day shift 7/28/21, day shift 7/29/21, and evening shift on 7/31/21. A physician's order, dated 8/10/21, indicated Depakote sprinkles 125 mg by mouth in the morning, and 250 mg by mouth in the evening for Huntington's disease. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A physician's order, dated 8/24/21, indicated buspirone 10 mg by mouth three times daily for anxiety. A TAR, dated August 2021, indicated the resident received Buspar (buspirone) and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Zoloft. The TAR lacked documentation adverse reactions were monitored on day shift 8/3/21, day shift 8/7/21, day shift 8/8/21, day shift 8/12/21, day shift 8/13/21, day shift 8/16/21, day shift 8/21/21, day shift 8/26/21, day shift 8/27/21, day shift 8/28/21, day shift 8/29/21, and day shift 8/30/21. A physician's order, dated 9/7/21 and discontinued 9/14/21, indicated Risperdal (an antipsychotic) 0.25 mg by mouth twice daily for psychosis. A physician's order, dated 9/14/21 and discontinued 9/21/21, indicated Risperdal 0.5 mg by mouth twice daily for psychosis. A physician's order, dated 9/21/21, indicated Risperdal 1 mg by mouth twice daily for psychosis. A TAR, dated September 2021, indicated the resident received Buspar (buspirone) and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Zoloft or Risperdal. The TAR lacked documentation adverse reactions were monitored on evening shift 9/3/21, day shift 9/7/21, day shift 9/11/21, day shift 9/12/21, day shift 9/16/21, day shift 9/17/21, day shift 9/21/21, day shift 9/22/21, day shift 9/23/21, day shift 9/24/21, day shift 9/25/21, day shift 9/27/21, and day shift 9/28/21. A TAR, dated 10/1/21 to day shift of 10/22/21, indicated the resident received Buspar (buspirone) and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Zoloft and Risperdal. The TAR lacked documentation adverse reactions were monitored on day shift 10/2/21, day shift 10/3/21, day shift 10/6/21, day shift 10/7/21, day shift 10/8/21, day shift 10/11/21, day shift 10/12/21, day shift 10/13/21, evening shift 10/14/21, evening shift 10/16/21, day shift 10/18/21, day shift 10/20/21, and day shift 10/22/21. A TAR, dated evening shift of 10/22/21 to 10/31/21, indicated the resident received Buspar (buspirone), Zoloft, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored on day and evening shift 10/23/21, day shift 10/24/21, day shift 10/27/21, day shift 10/28/21, and day shift 10/29/21. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A TAR, dated November 2021, indicated the resident received Buspar (buspirone), Zoloft, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored on day shift 11/3/21, day shift 11/6/21, day shift 11/9/21, day shift 11/13/21, day shift 11/14/21, day shift 11/17/21, day shift 11/18/21, day shift 11/19/21, day shift 11/22/21, day shift 11/24/21, day and evening shift 11/27/21, day shift 11/28/21, day shift 11/29/21, and day shift 11/30/21. A TAR, dated December 2021, indicated the resident received Buspar (buspirone), Zoloft, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored on day shift 12/1/21, day shift 12/4/21, and day shift 12/5/21. 4. Resident 21's record was reviewed on 12/8/21 at 9:40 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 10/12/21, indicated the resident had a severe cognitive impairment and received antipsychotic (primarily used to manage psychosis, principally in schizophrenia but also in a range of other psychotic disorders), antianxiety, and antidepressant medication during the assessment period. Diagnoses on the resident's profile included, but were not limited to, Huntington's disease (an inherited condition in which nerve cells in the brain break down over time), anxiety disorder, major depressive disorder recurrent, and psychotic disorder with hallucinations due to known physiological condition. A care plan, initiated 5/18/18, indicated the resident used psychotropic medication related Huntington's disease process and anxiety. Interventions included, but were not limited to, monitor and document side effects. A care plan, initiated 6/30/18, indicated the resident used antianxiety medication related to adjustment issues and anxiety disorder. Interventions included, but were not limited to, monitor and document side effects. A care plan, initiated 6/30/18, indicated the resident used antidepressant medication related to depression. Interventions included, but were not limited to, monitor and document side effects. A physician's order, dated 5/27/20, indicated haloperidol (an antipsychotic) 10 milligrams (mg) twice daily for psychosis. A physician's order, dated 11/10/20, indicated clonazepam (an antianxiety) 2 mg by mouth three times daily for anxiety. A physician's order, dated 3/3/21 and discontinued 8/10/21, indicated Zoloft (an antidepressant) 200 mg by mouth daily for anxiety and depression. A physician's order, dated 7/27/21, indicated mirtazapine (an antidepressant) 15 mg by mouth at bedtime related to depression. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A treatment administration record (TAR), dated July 2021, indicated the resident received clonazepam, Zoloft, haloperidol, Risperdal, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the mirtazapine. The physician's orders lacked documentation the resident received Risperdal or Depakote. The TAR lacked documentation adverse reactions were monitored on day shift 7/12/21, day shift 7/15/21, day shift 7/17/21, day shift 7/22/21, day shift 7/23/21, day shift 7/27/21, day shift 7/28/21, day shift 7/29/21, and evening shift 7/31/21. A physician's order, dated 8/10/21 and discontinued on 9/14/21, indicated Zoloft 100 mg by mouth daily related to depression. A TAR, dated August 2021, indicated the resident received clonazepam, Zoloft, haloperidol, Risperdal, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the mirtazapine. The physician's orders lacked documentation the resident received Risperdal or Depakote. The TAR lacked documentation adverse reactions were monitored on day shift 8/3/21, day shift 8/7/21, day shift 8/8/21, day shift 8/12/21, day shift 8/13/21, day shift 8/16/21, day shift 8/21/21, day shift 8/26/21, day shift 8/27/21, day shift 8/28/21, day shift 8/29/21, and day shift 8/30/21. A physician's order, dated 9/14/21 and discontinued on 9/28/21, indicated Zoloft 50 mg by mouth daily related to depression. A physician's order, dated 9/29/21, indicated Zoloft 100 mg by mouth daily related to depression. A TAR, dated September 2021 indicated the resident received clonazepam, Zoloft, haloperidol, Risperdal, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the mirtazapine. The physician's orders lacked documentation the resident received Risperdal or Depakote. The TAR lacked documentation adverse reactions were monitored on evening shift 9/3/21, day shift 9/7/21, day shift 9/11/21, day shift 9/12/21, day shift 9/16/21, day shift 9/17/21, day shift 9/21/21, day shift 9/22/21, day shift 9/23/21, day shift 9/24/21, day shift 9/25/21, day shift 9/27/21, and day shift 9/28/21. A TAR, dated 10/1/21 to day shift 10/22/21, indicated the resident received clonazepam, Zoloft, haloperidol, Risperdal, and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the mirtazapine. The physician's orders lacked documentation the resident received Risperdal or Depakote. The TAR lacked documentation adverse reactions were monitored on day shift 10/2/21, day shift 10/3/21, day shift 10/6/21, day shift 10/7/21, day shift 10/8/21, day shift 10/11/21, day shift 10/12/21, day shift 10/13/21, evening shift 10/14/21, evening shift 10/16/21, day shift 10/18/21, day shift 10/20/21, and day shift 10/22/21. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A TAR, dated evening shift of 10/22/21 to 10/31/21, indicated the resident received clonazepam, Zoloft, haloperidol, and mirtazapine, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation adverse reactions were monitored on day and evening shift 10/23/21, day shift 10/24/21, day shift 10/27/21, day shift 10/28/21, and day shift 10/29/21. A TAR, dated November 2021, indicated the resident received clonazepam, Zoloft, haloperidol, and mirtazapine, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation adverse reactions were monitored on day shift 11/3/21, day shift 11/6/21, day shift 11/9/21, day shift 11/13/21, day shift 11/14/21, day shift 11/17/21, day shift 11/18/21, day shift 11/19/21, day shift 11/22/21, day shift 11/24/21, day and evening shift 11/27/21, day shift 11/28/21, day shift 11/29/21, and day shift 11/30/21. A TAR, dated December 2021, indicated the resident received clonazepam, Zoloft, haloperidol, and mirtazapine, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation adverse reactions were monitored on day shift 12/1/21, day shift 12/4/21, and day shift 12/5/21. During an interview, on 12/8/21 at 11:43 a.m., Licensed Practical Nurse (LPN) 6 indicated side effects of psychotropic medications were monitored based on what was ordered on the TAR. The nursing staff was aware of what to monitor for based on the orders. The TAR should have been signed off each shift to document the monitoring. During an interview, on 12/9/21 at 10:51 a.m., LPN 4 indicated all residents should have an order to monitor for side effects of psychotropic medications. The orders should have been updated and accurate when medications were changed. If there was an order in place, it should have been signed off by the nurse on duty each shift. On 12/9/21 at 11:38 a.m., the Administrator provided a document titled, Psychoactive Medications, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy Statement: 1. To assure each Resident receives the appropriate assessment and intervention regarding the use of psychotropic medications in order to attain and/or maintain his/her highest practicable level of function . Policy Interpretation and Implementation: 1. For purposes of this policy a psychotropic medication is defined as: Any antipsychotic, antianxiety, antidepressant, sedative or hypnotic medication prescribed for the treatment of mental illness or behavioral manifestations .14. Each resident receiving psychotropic medication will have an interdisciplinary plan of care addressing medication, potential problems, attainable goals and individualized approaches to assure attainment and/or maintenance of highest practicable level of function 3.1-48(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155587	A. Building B. Wing	12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Summerfield	34 South Main Street Cloverdale, IN 46120

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34129 Based on observation, interview, and record review, the facility failed to ensure staff distributed and served food under sanitary conditions for 1 of 2 dining observations (Resident 11). Finding includes: During a dining observation, on 12/6/21 at 11:57 a.m., Certified Nursing Assistant (CNA) 14 picked up a cookie with her bare hand from Resident 11's lunch plate and assisted the resident to take bites of the cookie. CNA 14 sat the remainder portion of the cookie onto the resident's lunch plate. Next, CNA 14 with her bare hand picked up a quartered portion of a hamburger sandwich from Resident 11's lunch plate and assisted the resident to take several bites from the sandwich. CNA 14 held the hamburger sandwich with her bare hand while Resident 14 chewed and swallowed the previous bite of the sandwich, until the entire potion of the sandwich was eaten by Resident 11. On 12/9/21 at 3:26 p.m., the Administrator indicated staff should not be touching the resident's food with their bare hands while assisting the resident to eat. Staff should use silverware of a spoon or fork, wear gloves, or use a barrier such as the food wrapper when they are assisting a resident to eat. An undated facility policy, titled Dining Assistant Policy and Procedure, identified as current by the Administrator, on 12/9/21 at 4:15 p.m., indicated, .Feeding instructions for residents who cannot feed themselves .Feed slowly and in small amount to prevent choking and aspiration .Allow the resident enough time to chew and swallow .Don't feed resident with bare hands even if finger foods need to be a barrier (example gloves) or use silverware 3.1-21(i)(3)